USRowing Junior Lightweight Clearance Form

Dear Primary Care Provider:

USRowing is committed to safe participation in weight-restricted (lightweight) events for high school athletes, such that no high school rower engages in harmful weight-loss behaviors. Your patient desires to be cleared for lightweight participation for the upcoming spring rowing season.

Please provide the information/certifications below, so that USRowing can determine your patient's eligibility to participate in the spring rowing season ending June 15, 2020, based on these natural weight limits:

Females – 130 pounds **Males – 150 pounds**

Name _____ DOB _____

Date of last measurement (must be January 1 - March 14, 2020) _____

Height_____ CDC Growth Chart Percentile _____*

Weight _____ CDC Growth Chart Percentile _____*

CDC growth chart weight percentile for the past three years.*

Date _____, 2019 Weight percentile _____*

Date _____, 2018 Weight percentile _____*

CDC Growth chart calculator link: https://peditools.org/growthpedi/

- ❏ I certify that the above named athlete is (a) naturally at or under the lightweight rower weight limit (Females: 130 lbs.; Males: 150 lbs.) and (b) based on patient's growth velocity and current weight, is likely to remain at or under the weight limit for the spring season ending June 15, 2020.

- ❏ I DO NOT certify that the above named athlete is (b) naturally at or under the lightweight rower weight limit (Females: 130 lbs.; Males: 150 lbs.) and/or (c) based on patient's growth velocity and current weight, is likely to remain at or under the weight limit for the spring season ending June 15, 2020.

** If you do not have data to calculate CDC growth chart weight as required above but wish to certify that this athlete meets the natural weight limits based on the available data from current or prior years, complete the following certification and describe that available data on a separate sheet attached to this form along with your name, signature, and date:*

- ❏ I certify that, based on the available data submitted with this form, the above named athlete is naturally at or under the lightweight rower weight limit (Females: 130 lbs.; Males: 150 lbs.) and is likely to remain at or under the weight limit for the spring season ending June 15, 2020.

Signature: _____ Date: _____, 2020 ***(required)***

Print Name: _____ ***(required)***

Office address: _____***(required)***

Phone: _____***(required)*** Fax: _____

Email (required): _____ ***(required)***

USRowing reserves the right to confirm any signature with the physician's office. USRowing will use the information on the USRowing Junior Lightweight Clearance Form solely for the purpose of confirming the athlete's eligibility to participate in junior lightweight rowing and for no other purpose and will not share this information with any third parties, other than the fact of the athlete's eligibility to participate in junior lightweight rowing.

(version 5.0 dated 1/16/2020)

USRowing Junior Lightweight Athlete and Parent/Legal Guardian Release

Name of Athlete: _____

DOB: _____ USRowing Member #: _____

Spring Affiliation: _____

ATHLETE AUTHORIZATION (must be completed by the athlete)

I certify that I am naturally at or under the lightweight rower weight limit (Females: 130 lbs.; Males: 150 lbs.) for the spring season ending June 15, 2020, and have reviewed USRowing's policies. I acknowledge that, as a condition of my participation in lightweight rowing for the upcoming spring season, I must authorize the completion of the attached USRowing Junior Lightweight Clearance Form by my primary care physician and submit the completed form to USRowing.

My signature below constitutes my authorization to the physician's completion of the USRowing Junior Lightweight Clearance Form.

I confirm that I desire to compete in lightweight events this season and that my eligibility to do so will be determined by USRowing according to its policies and procedures and the information submitted herewith:

Signature: _____ Date: _____

Print Name: _____

PARENT/LEGAL GUARDIAN AUTHORIZATION

(must be completed if the athlete is under the age of 18)

USRowing is committed to safe participation in weight-restricted (lightweight) events for high school athletes, such that no high school rower engages in harmful weight-loss behaviors. Your child desires to be cleared for lightweight participation for the upcoming spring rowing season.

This form asks you to confirm your child's eligibility to participate in lightweight rowing events based on their NATURAL weight being at or under the weight limits below for the spring season ending June 15, 2020, and that you have reviewed USRowing's policies. USRowing will determine your child's eligibility for lightweight rowing according to its policies and procedures and the information submitted herewith.

Females – 130 pounds **Males – 150 pounds**

You further acknowledge that, as a condition of your child's participation in lightweight rowing for the upcoming spring season, you and your child must authorize the completion of the attached USRowing Junior Lightweight Clearance Form by your child's primary care physician and submit the completed form to USRowing.

Your signature below constitutes your authorization to the physician's completion of the form.

Parent/Legal Guardian

Signature: _____ Date: _____

Print Name: _____

USRowing reserves the right to confirm any signature with the physician's office. USRowing will use the information on the USRowing Junior Lightweight Clearance Form solely for the purpose of confirming the athlete's eligibility to participate in junior lightweight rowing and for no other purpose and will not share this information with any third parties, other than the fact of the athlete's eligibility to participate in junior lightweight rowing.